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| SERIAL NUMBER 10/777,449 | FILING OR 371(c) DATE 02/11/2004 RULE | CLASS 128 | GROUP ART UNIT 3771 | ATTORNEY DOCKET NO. 200309745-1 |
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APPLICANTS
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**** CONTINUING DATA ******* *KCM*
NONE

**** FOREIGN APPLICATIONS ******* *KCM*
NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 05/11/2004**

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|---|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY CA | SHEETS DRAWING 3 | TOTAL CLAIMS 28 | INDEPENDENT CLAIMS 4 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged <i>KCM</i> Examiner's Signature | <i>KCM</i> Initials | | | |

ADDRESS
22879

TITLE
Medicament dispenser

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| FILING FEE RECEIVED 1000 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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